DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-31 Sacramento, CA 95814 (916) 323-0591



June 25, 1982

ALL COUNTY INFORMATION NOTICE NO. 1-74-82

TO: ALL PUBLIC AND PRIVATE ADOPTION AGENCIES

SUBJECT: Relinquishment Forms

REFERENCE: All County Letter No. 82-16

Revised relinquishment forms which reflect changes necessitated by the new and amended relinquishment regulations are now available. These forms come in pads of 25 (except for the form AD 501 which comes in pads of 100) and should be ordered on the Form Gen 727-B from the State Department of Social Services Warehouse, 6150 27th Street, M.S. 19-20, Sacramento, CA, 95822.

Relinquishment forms for use by public and private licensed adoption agencies are:

FORM NUMBER	FOR USE WITH
AD 501 AD 501 SP AD 501A	Natural mother and/or presumed father (In California) Spanish version of AD 501 (formerly AD 601 SP) Natural mother and/or presumed father (out of state)
AD 503	Natural mother and/or presumed father (out of county)
AD 503 SP	Spanish version of AD 503 (formerly AD 603) Natural mother and/or presumed father (outside California
AD 504	in armed forces)
AD 583	Presumed father (out of county) who denies he is the natural father
AD 584	Presumed father (out of state) who denies he is the natural father
AD 585	Presumed father (in California) who denies he is the natural father
AD 586	Alleged natural father (in California, in or out of county)
AD 586 SP	Spanish version of the AD 586
AD 591	Alleged natural father (out of state or country)
AD 591 SP	Spanish version of AD 591
AD 593	Alleged natural father (outside California in armed forces)
AD 862	Alleged natural father of Indian child (out of state or country)
AD 863	Natural mother and/or presumed father of Indian child (out of state)
AD 864	Natural mother and/or presumed father of Indian child (in California)
AD 865	Natural mother and/or presumed father of Indian child (out of county)
AD 866	Presumed father of Indian child (in California) who denies he is the natural father
AD 867	Presumed father of Indian child (out of state) who denies he is the
AD 868	Alleged natural father of Indian child (in California, in or out of county)
AD 873	Presumed father of Indian child (out of county) who denies he is

the natural father

Agencies should order these revised forms and upon their receipt, destroy all obsolete forms.

PLEASE NOTE THAT AGENCY ADDRESS AND TELEPHONE NUMBER AS WELL AS AGENCY NAME MUST BE INCLUDED IN THE SPACE PROVIDED ON THESE REVISED RELINQUISHMENT FORMS.

One copy of each form is attached which may be photocopied for agency use until the forms are received by the agency from the warehouse.

If there are any questions regarding this notice, please contact your adoption program consultant.

Deputy Director

Adult and Family Services Division

Attachment

cc: CWDA

l, the	of		, a mino
We,			
child, born	TE	CITY	STATE
do hereby relinquish and surrender sai	a chila for adoption to _	AGENCY	NAME
	Profile Advantage		
AGENCY ADDRESS		AG	ENCY TELEPHONE NUMBER
an organization licensed by the Departm to place children in homes for adoption. State Department of Social Services by minor child and any responsibility	It is fully understood by mesaid agency, all my/our r	e/us that when this reling rights to the custody, ser	quishment is filed with the vices, and earnings of said
The foregoing instrument was signed o			by the saic in the presence of us
who have signed the same as witnesse			·
CT. TT C5 A.U. FORM.		Add side and a side of the sid	
STATE OF CALIFORNIA	SS.		
County of			
On this day of	, 19	., before me,	
***************************************			n authorized official of the
licensed by the Department of Social Se homes for adoption, personally appears	ervices of the State of Cali		, an organizatior children and place them ir
known to me to be the person(s) whose that he/she/they executed the same.	name(s) is/are subscribe	d to the within instrumer	nt and acknowledged to me
		AUTHORIZED OFFICIAL C	PF AGENCY
	and property and the second se	TITLE	

(To be used for Natural Mother and/or Presumed Father)

(THIS SIDE NOT TO BE COMPLETED - ENGLISH TRANSLATION)

RELINQUISHMENT

I, the	of			, a minor
We,				
SEX Child, born DATE			СПА	OT TE
			*****	STATE
do hereby relinquish and surrender said child	for adopt	tion to	AGENCY	NAME
			,	
AGENCY ADDRESS				NCY TELEPHONE NUMBER
an organization licensed by the Department of S to place children in homes for adoption. It is fully State Department of Social Services by said ag minor child and any responsibility for the	y underst encγ, all	tood by me/us that w my/our rights to the	hen this relin custody, serv	quishment is filed with the vices, and earnings of said
The foregoing instrument was signed on		DATE		by the said
who have signed the same as witnesses there				in the presence of us,
	-			
STATE OF CALIFORNIA				
County ofs	S.			
On this day of	, 19	, before me	2,	
			ar	authorized official of the
licensed by the Department of Social Services of homes for adoption, personally appeared				, an organization children and place them in
known to me to be the person(s) whose name(s that he/she/they executed the same.) is/are s	subscribed to the with	nin instrumen	t and acknowledged to me
		AUTH	HORIZED OFFICIAL OF	AGENCY
	_		TITLE	

RENUNCIA

Yo, el/la		
Nosotros, los	de .	, un(a) menor
de edad del sexo		, quien nació el
		, quieti fracto el
en	IUDAD ESTADO	por medio de la presente renuncio(amos) y
	ara adopción a	
		NOMBRE DE LA AGENCIA
		()
DIRECCIÓN DE LA AGENCIA		NO. DE TELÉFONO DE LA AGENCIA
niños y para colocarlos en ello: el Departamento de Servicios (s para su adopción. Comprendo perfectan	s Sociales del Estado de California para localizar hogares para nente que una vez que dicha agencia registre esta renuncia en mis/nuestros derechos a la custodía, servicios, e ingresos de estenimiento.
Este documento fue firmado e	ə1	por el/los mencionados
		, en nuestra presencia, el cual hemos
firmado para testificar.		
ESTADO DE CALIFORNIA		_
EO // IDO DE O/IEN O/I/I/	SS.	
Condado de		
En este día	del mes de	de 19 ,
ante mí,		
	or el Departamento de Servicios Sociale	s del Estado de California para localizar hogares para niños y
colocarios en ellos para su ad	opción, compareció(eron) personalment	e,
a quien(es) conozco como la(s haberlo firmado.	s) persona(s) cuyo(s) nombre(s) aparece((n) en el presente documento y quien(es) me confirmó(aron)
		OFICIAL AUTORIZADO DE LA AGENCIA
		CARGO

(Para usarse por la madre natural y/o el presunto padre)

(Out of State)

	On this	day of_		19,	
	the	N.	AME OF AGENCY		
				pt the annexed d for adoption.	
		E	βγ	AUTHORIZED OFFIC	IAL OF AGENCY
, theof					a minor
We,					, -
child, born					
SEX	DATE	,		CITY	STATE
d- b	ما ما المانية ما المانية				
do hereby relinquish and surrender	said child for ado	ption to		AGENCY NAME	
AGENCY ADDRESS					AGENCY TELEPHONE NUMBER
in homes for adoption. It is fully un Services by said agency, all my/our and support of said minor child wil	rights to the custod	s that when tl fy, services, ar	nis relinquishm nd earnings of sa	ent is filed with th aid minor child and	e State Department of Social any responsibility for the care
Date			www.www.np		
STATE OF) ss. COUNTY)					
On thisday of			, 19, be	fore me,	
a Notary Public in and for said cou	nty and state, pers	onally appear	ed		
				person(s) whose n	ame(s)subscribed to
the within instrument, and acknow	ledged to me that,	execute	d the same.		
IN WITNESS WHEREOF, I above written.	have hereunto set	my hand and	affixed my offi	cial seal the day a	nd year in this certificate first
		(Affix Notari	al Seal)		
				NOTARY PUBLIC IN AND	FOR THE COUNTY OF
FOR CALIFORNIA AGENCY USE	WHN FORWARDIN	G A COPY		, State	of
TO SD	SS				
Date————————————————————————————————————	correct copy of the re		My commissi	on expires	A 100 Marie 1
AGENCY	NAME				
SIGNATURE OF AC	GENCY OFFICIAL				
AD 501 A /3 /871					

(Out of County)

	On this	day of	19,	
	the			
		NAME OF A	.GENCY	
			ss to accept the anne t said child for adop	
		Ву	AUTHORIZED OFF	FICIAL OF AGENCY
, the parent(s) of				a mino
Ve,				,
child born				
child, born	,		CITY	STATE
la barabu ratinguiah and aurren	dar asid minus	abild for adoution	40 400	
lo hereby relinquish and surren	der sald minor (child for adoption	to the	AGENCY NAME
AGENCY ADDRESS				AGENCY TELEPHONE NUMBER
)ate				
			www.	

he foregoing instrument was, a	t the date there	eof, by the said		A A ALAMANIMA WHITE PARTY
			, signe	ed in the presence of us, wh
ave signed the same as witness	ses thereto.		-	
TATE OF CALLEODALA	1			
STATE OF CALIFORNIA)) ss.			
County of	/ 55. 			
,				
On thisday of				
n authorized official of the Depa	artment of Soci	al Services or		
		, an organizati	ion licensed by the D	epartment of Social Service
f the State of California to find				
			known to n	ne to be the person(s) whos
name(s) is/are subscribed to the	within instrum	nent and acknowle	edged to me that he/	she/they executed the same
			AUTHORIZED OFFIC	CIAL OF AGENCY

(THIS SIDE NOT TO BE COMPLETED — ENGLISH TRANSLATION) RELINQUISHMENT

(Out of County)

On this____day of______19____

the	NAME OF AGENCY					
hereby signifies relinquishment	hereby signifies its willingness to accept the annexed relinquishment and to accept said child for adoption.					
	Ву	NUTHORIZED OFFICIAL OF AGENCY				
I, the parent(s) of		, a minor				
SEX child, born,,	CITY	STATE				
do hereby relinquish and surrender said minor chil	d for adoption to the _	AGENCY NAME				
AGENCY ADDRESS		() AGENCY TELEPHONE NUMBER				
an organization licensed by the State Department of homes for adoption. It is fully understood by me/us the Social Services by said agency, all my/our rights to responsibility for the care and support of said minor.	nat when this relinquishn o the custody, services, a	omes for children and to place children in nent is filed with the State Department of and earnings of said minor child and any				
Date	***************************************					
The foregoing instrument was, at the date thereof,	by the said					
have signed the same as witnesses thereto.		, signed in the presence of us, who				
STATE OF CALIFORNIA)) ss.						
County of)						
On this day of						
an authorized official of the Department of Social S						
of the State of California to find homes for childre						
		nown to me to be the person(s) whose				
name(s) is/are subscribed to the within instrument	and acknowledged to me	that he/she/they executed the same.				

AUTHORIZED OFFICIAL OF AGENCY

RENUNCIA

(fuera del condado)

	En este día	de , de 19 ,
	por medio de la	NOMBRE DE LA AGENCIA
		NOMBRE DE LA AGENCIA acepta la renuncia que se adjunta
		niño(a) para adopción.
		OFICIAL AUTORIZADO DE LA AGENCIA
Yo, el padre(s) de Nosotros, los		, un(a) menor del sexo
oor medio de la presente renuncio	y entrego a dicho(a	(a) menor para adopción a
		()
DIRECCIÓN DE LA AGENCIA		NÚMERO DE TELÉFONO DE LA AGENCIA
archive en el Departamento de	Servicios Sociales	os. Entiendo perfectamente que en el momento en que dicha agencia s del Estado la presente renuncia, todos mis(nuestros) derechos a sor y cualquier responsabilidad por el cuidado y sostenimiento de
Fecha		
		ionada por dicho(s)
		, en nuestra presencia, y por tal motivo firmamos para testificar.
ESTADO DE CALIFORNIA)	
Condado de) ss.	
Condado de)	
En este día de		de 19 , ante mí,
oficia	ıl autorizado del De	Departamento de Servicios Sociales, o de
		rganización autorizada por el Departamento de Servicios Sociales del
Estado de California para enco	ntrar hogares para	ra niños y para colocarlos en hogares adoptivos, personalmente
ompareció		a quien(es) conozco y cuyo(s)nombre(s)
parece(n) en este documento y de		
		OMPTAL ALLOWER AND DECK ACTING A
		OFICIAL AUTORIZADO DE LA AGENCIA

(Parent(s) Outside California in Armed Foces)

	On this	day of	19,	
,	the	NAME OF A		•
		-	s to accept the annexed said child for adoption.	
			Ву	RIZED OFFICIAL OF AGENCY
/We, the father/mother of				, a minor
			CITY	STATE
to hereby relinquish and su	rrender said minor c	hild for adoption to t	heAGEN	CV NAME
				CT IVAIVIE
AGENCY ADDRESS			A	GENCY TELEPHONE NUMBER
Date				
On thin day of		1.0	, before me,	
on this day of		, 19	, before the,	NAME OF OFFICER
he undersigned officer, pers	conally appeared			
ne undersigned officer, pers	onany appeared		NAME(S) OF PARENT(S)	
armed forces of the United Soutside the United States and ame(s) is/are subscribed to does further certify that he is:	tates, or (c) a person a d outside the Canal the within instrume at the date of this cert	serving with, employ Zone, Puerto Rico, G nt and acknowledged ificate a commissione	ed by, or accompanying the art Suam, and the Virgin Islands, If that he/she/they executed t ad officer in the active service o	pouse of a person serving in the med forces of the United States and to be the person(s) whose the same. And the undersigned of the armed forces of the United the United States Code (Public
Subscribed and sworn to be	fore me	-		
on the day of _		-		
10			*Signature of Officer a	nd Serial Number, Rank

Branch of Service and Capacity in Which Signed

^{*}See reverse side.

Section 1183.5 of the Civil Code of California provides in part as follows:

1183.5 (Performance of notarial acts for military personnel)

Any officer on active duty in the armed forces having the general powers of a notary public pursuant to Section 936 of Title 10 of the United States Code (Public Law 90-632) may perform all notarial acts for any person serving in the armed forces of the United States, wherever they may be, or for any spouse of a person serving in the armed forces, wherever they may be, and for any person serving with, employed by, or accompanying such armed forces outside the United States and outside the Canal Zone, Puerto Rico, Guam and the Virgin Islands.

(Out of County)

On this ______ day of _______19_____,

the	NAME OF AGENCY	-
h a make make		
	ignifies its willingness to accept the annexed hment and to accept said child for adoption.	
·		
	Ву	AUTHORIZED OFFICIAL OF AGENCY
the father of	, a n	ninorch
orn,,		
	СІТУ	STATE
o hereby relinquish and surrender said minor cl	hild for adoption to the	AGENCY NAME
		1
GENCY ADDRESS		AGENCY TELEPHONE NUMBER
gency, all my rights to the custody, services, and ninor child will be terminated. I declare that I am doption solely for the purpose of promoting the doption.	not the natural father of said child and am ex-	ecuting the within relinquishmen
Pate		
The foregoing instrument was	at the date thereof, by the said	
	ho have signed the same as witnesses there	
		4
TATE OF CALIFORNIA		
į		
county of		
on thisday of	, 19, before me,_	AND THE PROPERTY OF THE PROPER
n authorized official of the Department of Socia	Services or	
	, an organization li	censed by the Department of So
services of the State of California to find hom		
	,	
	kr	lown to me to be the person who
ame is subscribed to the within instrument and	acknowledged to me that he executed the s	same.
	Al	UTHORIZED OFFICIAL OF AGENCY

(To be used when presumed father denies he is the natural father.)

(Out of State)

		day of			
	hereby signifies	NAME OF AGENCY its willingness to ac and to accept said c	cept the annexed		
		Ву	AUTH	ORIZED OFFICIAL OF AGENCY	
I, the father of				, a minor	child
born			СПУ		STATE
do hereby relinquish and surre	ender said child for adopt	ion to	A.C.	ENCY NAME	
			AG	1 1	
AGENCY ADDRESS		1999-1999-1999-1999-1999-1999-1999-199		AGENCY TELEPHONE N	UMBER
said minor child will be termina to adoption solely for the purpo adoption. Date	se of promoting the welfa				
STATE OF					
COUNTY OF	ss.				
On this day o	of	, 19	, before me,		
a Notary Public in and for said	county and state, persor	nally appeared			
known to me to be the person	whose name is subscribe	ed to the within inst	rument, and ackn	owledged to me that	t he executed the
same.					
IN WITNESS WHEREOF above written.	, I have hereunto set my	hand and affixed n	ny official seal the	e day and year in th	is certificate first
(Affix Nota	erial Seal)				
		Notary	Public in and for	the County of	
		State	of		
		Му со	mmisssion expire	s	

(To be used when presumed father denies he is the natural father.)

, the father of		, a minor	chí	ld
porn,,,,				
DATE	CITY		STATE	
do hereby relinquish and surrender said child for adoption to		AGENCY NAME		_
	,	AGENCI IVANE		
AGENCY ADDRESS		AGENCY TELEPHONE N	JMBER	
an organization licensed by the Department of Social Services of the in homes for adoption. It is fully understood by me that when this replay said agency, all my rights to the custody, services, and earnings of said minor child will be terminated. I declare that I am not the nature adoption solely for the purpose of promoting the welfare and be adoption.	elinquishment is filed with th of said minor child and any re ral father of said child and an	e State Department o sponsibility for the ca n executing the withir	f Social Service re and support relinquishme	es of nt
The foregoing instrument was signed on			by th	ìе
said	in the	presence of us, who	have signed th	ъe
same as witnesses thereto.				
STATE OF CALIFORNIA County of				
	10 5.4			
On thisday of	, 19, bef			
		, an auth		
theof Social Services of the State of California to find homes for childr	-	anization licensed by mes for adoption, per		
known to me to be the person whose name is subscribed to the with	nin instrument and acknowle	edged to me that he ex	ecuted the san	−- ne.
	АЦТНО	DRIZED OFFICIAL OF AGENCY		
		TITLE		

(To be used when presumed father denies he is the natural father.)



(Alleged Natural Father in California)

- **INSTRUCTIONS** (In or Out of County) This form to be used for the alleged natural father relinquishing in California.
- Section I is to be completed only when the agency taking the relinquishment and the agency accepting the relinquishment are not the same.
- .3. Only Section II is completed when the agency taking the relinquishment and the agency accepting the relinquishment is the same. **OUT OF COUNTY** On this _____ , 19 ____ , 19 ____ , (NAME OF AGENCY) hereby signifies its willingness to accept the annexed relinguishment. _____, having been alleged to be the father of _____ do hereby relinquish said minor child for adoption to the (AGENCY ADDRESS) an organization authorized by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, any rights to said minor child will be terminated. ISIGNATURE OF ALLEGED NATURAL FATHERS The foregoing instrument was signed on _____ ____ by the said ___ (DATE) in the presence of us, who have signed the same as witness thereto. (WITNESS) STATE OF CALIFORNIA (WITNESS) SS COUNTY OF _____ , 19 ____, before me, ______ an authorized official of the Department of Social Services, or __________ licensed by the Department of Social Services of the State of California to find homes for children and place them in homes for adoption, personally appeared _ known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

RENUNCIA

(Presunto padre natural en California) (Dentro o fuera del condado)

INSTRUCCIONES

Esta forma debe usarse para la renuncia del presunto padre natural en California. La Seccion I debe completarse sólo si la agencia que esté tomando la renuncia y la agencia que esté aceptando la renuncia no sean la misma. Solamente la Sección II debe completarse cuando la agencia que esté tomando la renuncia y la agencia que esté aceptando la renuncia sean la misma. **FUERA DEL CONDADO** En este dia ______ de _____ de 19____, (NOMBRE DE LA AGENCIA) por medio de la presente expresa su deseo de aceptar la renuncia adjunta. (OFICIAL AUTORIZADO DE LA AGENCIA) , a quien se presume ser el padre de ______ un(a) menor de edad del sexo_____ por medio de la presente renuncio a tal niño(a) menor de edad para su adopción a ______ (NO DE TELÉFONO DE LA AGENCIA) (DIRECCIÓN DE LA AGENCIA) ya que dicha organización está certificada por el Departamento de Servicios Sociales del Estado de California para localizar hogares para niños y para colocarlos en hogares adoptivos. Comprendo perfectamente que una vez que dicha agencia registre la presente renuncia con el Departamento de Servicios Sociales del Estado, se terminarán todos mis derechos sobre el mencionado menor. (FIRMA DEL PRESUNTO PADRE NATURAL) El presente documento fue firmado el ____ por el mencionado _____ (FECHA) ____, en nuestra presencia, el cual hemos firmado para testificar. (TESTIGO) ESTADO DE CALIFORNIA (TESTIGO) SS. CONDADO DE En este día ______de ______de 19_____, ante mí, ______ un oficial autorizado por el Departamento de Servicios Sociales o ____, una organización certificada por el Departamento de Servicios Sociales del Estado de California para localizar hogares para niños y para colocarlos en hogares adoptivos, compareció en

a quien conozco como la persona cuyo nombre aparece en este documento y quien me confirmó haberlo firmado.

THIS SIDE NOT TO BE COMPLETED—ENGLISH TRANSLATION

RELINQUISHMENT

(Alleged Natural Father in California) (In or Out of County)

INSTRUCTIONS

- This form to be used for the alleged natural father relinquishing in California.
- Section I is to be completed only when the agency taking the relinquishment and the agency accepting the relinquishment are not the same.
- Only Section II is completed when the agency taking the relinquishment and the agency accepting the relinquishment is the same. OUT OF COUNTY Ì. On this day of . 19 ____, (NAME OF AGENCY) hereby signifies its willingness to accept the annexed relinguishment. , having been alleged to be the father of (AGENCY ADDRESS) an organization authorized by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, any rights to said minor child will be terminated. (SIGNATURE OF ALLEGED NATURAL FATHER) by the said _____ The foregoing instrument was signed on_____ in the presence of us, who have signed the same as witness thereto. (WITNESS) STATE OF CALIFORNIA (WITNESS) COUNTY OF _____ On this ______, 19_____, before me, ______ an authorized official of the Department of Social Services, or ______ licensed by the Department of Social Services of the State of California to find homes for children and place them in homes for adoption, personally appeared _ known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

RELINQUISHMENT ALLEGED NATURAL FATHER

(Out of State or Country)

	On this	day of	19_		
	the	NAME OF A	CSNCV		
	hereby signific			ot the	
	annexed reling	_	,,,,,,,,		
			Ву		RIZED OFFICIAL OF AGE CY
				OHTUA	RIZED OFFICIAL OF AGE CY
1					having been alleged
to be the father of					having been alleged,
child, born	DATE		CITY	· · · · · · · · · · · · · · · · · · ·	STATE
do hereby relinquish said child for a	doption to	AGENCY NAME		,	
ACENCY ADDRESS	<u></u>			() AGENCY TELEPHONE NUMBER
an organization licensed by the Dep					find homes for children and
to place children in homes for adop	otion. It is ful	ly understood	l by me that w	hen this rel	inquishment is filed with the
State Department of Social Services	by said agency	, any rights to	said minor chi	ld will be to	erminated.
Date					
				SIGNATURE	OF ALLEGED NATURAL FATHER
STATE OF	SS.				
				,	
COUNTY OF					
		4.0			
On this day of					
a Notary Public in and for said Cour					
known to me to be the person wh	ose name is sul	oscribed to th	ie within instru	iment and	acknowledged to me that he
executed the same.					
IN WITNESS WHEREOF, I have h	ereunto set my	hand and aff	ixed my officia	I seal the d	ay and year in this certificate
first above written.					
(Affix Notarial Seal)				NOTACY BIIS	LIC IN AND FOR THE COUNTY OF
				NOTART FOR	, State of
			1/1		,
			иу со	mmission e	expires
FOR CALIFORNIA AGENCY USE WH	EN EODIMA DOING	A CORV			
FOR CALIFORNIA AGENCY USE WH	LIV FURWARDING	7 001			
Date					
I hereby certify that this is a true and correc	t copy of the relinq	uishment			
contained in the files of					
AGENCY NAME					

RENUNCIA PRESUNTO PADRE NATURAL

(Fuera del estado o del país)

	En esta día	_del mes de	-	
	de 19, por medi	o de la presente,		
	NOME	RE DE LA AGENCIA		
		ceptar la renuncia adjunta.		
		Por	OFICIAL AUTORIZADO DE LA AGENCIA	
/o,				
			sexo	
quien nació el	en	CIUDAD	ESTADO	
por medio de la presente renuncio a tai ni	no(a) para su adopcion a	a	NOMBRE DE LA AGENCIA	
			NO. DE TELÉFONO DE LA AGENCIA	
prección de la agencia ra que dicha organización está certificada p				
r para colocarlos en hogares adoptivos. (Departamento de Servicios Sociales d	Comprendo perfectamen	nte que una vez que esta	agencia registre la presente renuncia	en_el
Fecha			FIRMA DEL PRESUNTO PADRE NATURAL	
			The state of the s	
ESTADO DE	SS.			
CONDADO DE				
En este díadel mes de	de 19	, ante mí,		
			n(a) Notario Público en y para el menc	
Condado y Estado, compareció en persona]			
quien conozco como la persona				rmado. "
COMO TESTIGO DEL PRESENTE DOCUME Irriba.	NTO, por medio de ésta l	ne confirmado y puesto mi se	ello oficial en el día y año que aparecen e	scritos
(Ponga el Sello Nota	ariati		NOTARIO PÚBLICO EN Y PARA EL CONDADO DE	
(1 origa er Sent Wote	iraij		, Estado de	
		Mi comisión	se vence	
FOR CALIFORNIA AGENCY USE WHEN	FORWARDING A COPY	_		
		\dashv		
Date				
I hereby certify that this is a true and relinquishment contained in the files of	I correct copy of the			
AGENCY NAME				

RELINQUISHMENT ALLEGED NATURAL FATHER

(Out of State or Country)

	On thisday o	f	19	_
	the	NAME OF AGENCY		<u> </u>
	hereby signifies its	willingness t	o accept th	ne
	annexed relinquishm			
			Ву	AUTHORIZED OFFICIAL OF AGE CY
				AUTHORIZED OFFICIAL OF AGE CY
1				5
to be the father of		· · · · · · · · · · · · · · · · · · ·		,having been alleged
child, born				d mmor
child, born	DATE	CITY		STATE
do hereby relinquish said child for a	doption to	NAME		
AGENCY ADDRESS		***		ACENCY TELEPHONE MILLORO
an organization licensed by the Dep				rnia to find homes for children and
to place children in homes for ado				
State Department of Social Services	by said agency, any r	rights to said m	inor child wi	ll be terminated.
Date				
			SIC	SNATURE OF ALLEGED NATURAL FATHER
STATE OF	\$\$.			
COUNTY OF				
COOKITOI				
On this day of	10	hefore	me	
a Notary Public in and for said Cour	nty and State persons	ally appeared	nic,	
known to me to be the person who	nse name is subscribe	any appeareu_	n instrument	and asknowledged to me that he
executed the same.	030 1101110 13 300301100	to the with	n matrument	and acknowledged to the that he
IN WITNESS WHEREOF, I have he	ereunto set my hand	and affixed my	official seal	the day and year in this certificate
first above written.	and the second second	ura 2	, o,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	the day and year in this continuate
(Affix Notarial Seal)				
, , , , , , , , , , , , , , , , , , , ,			NOT	ARY PUBLIC IN AND FOR THE COUNTY OF
				, State of
			My commis	sion expires
				
FOR CALIFORNIA AGENCY USE WHI	EN FORWARDING A COPY	′ 		
Date				
I hereby certify that this is a true and correct	copy of the relinquishmen	t		
contained in the files of	•			
AGENCY NAME		-]		

(Alleged Natural Father Outside California in Armed Forces)

	On this da	y of	19		
	the	NAME OF AG	ENCY		
	hereby signifies the annexed reli said child for add	nquishment a	-		
			Ву	AUTHORIZED OFFI	CIAL OF AGENCY
o be the father of					
o be the rather or	The state of the s				a mmo
child, born	DATE		CITY	ST	ATE
lo hereby relinquish said ch	ild for adoption to				
AGENCY A		AGENCY NAME		{ }	LEPHONE NUMBER
On thisday of		fore me			
on thisuay or	, 19, 00	noie me,		NAME OF OFFICER	
he undersigned officer, pers	onally appeared				
ne undersigned officer, pers	onany appeared		NAME(S) OF PAR	ENT(S)	
erson serving in the armed erson serving in the armed rmed forces of the United Prigin Islands, and to be the executed the same. And the efficer in the active service of the provisions of Section 936	forces of the United State States outside the Unite te person whose name is a undersigned does furth of the armed forces of the	tes, or (c) a pe d States and of s subscribed her certify that he United Stat	rson serving with outside the Canal to the within ins t he is at the dat es having the gen	, employed by, or Zone, Puerto R strument and acle te of this certificates eral powers of a r	r accompanying the ico, Guam, and the mowledged that he are a commissioned
ubscribed and sworn to befo	ore me	***************************************			
n this day of					
·	·				
9			_		l Number, Rank, in Which Signed

*See reverse side.

Section 1183.5 of the Civil Code of California provides in part as follows:

1183.5 [Performance of notarial acts for military personnel]

Any officer on active duty in the armed forces having the general powers of a notary public pursuant to Section 936 of Title 10 of the United States Code (Public Law 90-632) may perform all notarial acts for any person serving in the armed forces of the United States, wherever they may be, or for any spouse of a person serving in the armed forces, wherever they may be, and for any person serving with, employed by, or accompanying such armed forces outside the United States and outside the Canal Zone, Puerto Rico, Guam and the Virgin Islands.

RELINQUISHMENT OF INDIAN CHILD BY ALLEGED NATURAL FATHER (Out of State or Country)

NAME OF CHILD'S TRIBE		
ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION		
NOTE NOMBER OF THESE OF THISAL AFFILIATION		
On thisday of	, 19, the_	
nereby signifies its willingness to accept the annexed	relinguishment.	NAME OF AGENCY
	•	HORIZED OFFICIAL OF AGENCY
/ many		, having been alleged to be the fathe
of		, a minorchild
		SEX
DATE	CiTY	STATE
do hereby relinquish said child for adoption to		
		AGENCY NAME
AGENCY ADDRESS		() AGENCY TELEPHONE NUMBER
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate	then this relinquishment is filed ed, and the relinquishment will b	with the State Department of Social Services by said
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate	then this relinquishment is filed ed, and the relinquishment will b	with the State Department of Social Services by said
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the dec	then this relinquishment is filed ed, and the relinquishment will b ree of adoption is signed.	with the State Department of Social Services by said be binding with the signing of the decree of adoption
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the dec	then this relinquishment is filed ed, and the relinquishment will b ree of adoption is signed.	with the State Department of Social Services by said
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the dec	then this relinquishment is filed ed, and the relinquishment will b ree of adoption is signed.	with the State Department of Social Services by said be binding with the signing of the decree of adoption
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the dec	when this relinquishment is filed ed, and the relinquishment will be ree of adoption is signed.	with the State Department of Social Services by said be binding with the signing of the decree of adoption
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the dec	when this relinquishment is filed ed, and the relinquishment will be ree of adoption is signed.	with the State Department of Social Services by said be binding with the signing of the decree of adoption
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the deconate	when this relinquishment is filed ed, and the relinquishment will be ree of adoption is signed.	with the State Department of Social Services by said be binding with the signing of the decree of adoption
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the deconate	when this relinquishment is filed ed, and the relinquishment will be ree of adoption is signed.	with the State Department of Social Services by said be binding with the signing of the decree of adoption
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the decorate. DATE Signed in the presence of:	when this relinquishment is filed ed, and the relinquishment will be ree of adoption is signed.	with the State Department of Social Services by said be binding with the signing of the decree of adoption
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the decorate. DATE Signed in the presence of:	when this relinquishment is filed ed, and the relinquishment will be ree of adoption is signed.	with the State Department of Social Services by said be binding with the signing of the decree of adoption
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the decorate. Date Signed in the presence of: BIGMATURE OF AUTHORIZED AGENCY REPRESENTATIVE	when this relinquishment is filed ed, and the relinquishment will be ree of adoption is signed.	with the State Department of Social Services by said be binding with the signing of the decree of adoption
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the decorate. Date Signed in the presence of: BIGMATURE OF AUTHORIZED AGENCY REPRESENTATIVE	when this relinquishment is filed ed, and the relinquishment will be ree of adoption is signed.	with the State Department of Social Services by said be binding with the signing of the decree of adoption
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the decipant. DATE Signed in the presence of: BIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE	when this relinquishment is filed ed, and the relinquishment will be ree of adoption is signed.	with the State Department of Social Services by said be binding with the signing of the decree of adoption
an organization licensed by the Department of Social nomes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the decorate. DATE Signed in the presence of: GIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE STATE	certification	with the State Department of Social Services by said be binding with the signing of the decree of adoption GED NATURAL FATHER
An organization licensed by the Department of Social momes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the decidant. DATE Signed in the presence of: BIGMATURE OF AUTHORIZED AGENCY REPRESENTATIVE STATE COUNTY The terms and consequences of the voluntary signite to the signing of the decree of adoption, were full explanation was given by the agency representative	CERTIFICATION Ting of the relinquishment, includingly explained in detail to and unitable.	with the State Department of Social Services by said per binding with the signing of the decree of adoption general services by said per binding with the signing of the decree of adoption general services and services by said per binding with the signing of the decree of adoption general services by said per binding with the signing of the decree of adoption general services by said per binding with the signing of the decree of adoption general services by said per binding with the signing of the decree of adoption general services by said per binding with the signing of the decree of adoption general services by said per binding with the signing of the decree of adoption general services by said per binding with the signing of the decree of adoption general services by said per binding with the signing of the decree of adoption general services by said per binding with the signing services by said per binding with the signing services by said per binding ser
An organization licensed by the Department of Social momes for adoption. It is fully understood by me that wagency, any rights to said minor child will be terminate unless I withdraw said relinquishment before the decompanies. DATE Signed in the presence of: SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE STATE COUNTY The terms and consequences of the voluntary signification the signing of the decree of adoption, were full to the signing of the decree of adoption, were full to the signing of the decree of adoption, were full to the signing of the decree of adoption, were full to the signing of the decree of adoption, were full to the signing of the decree of adoption, were full to the signing of the decree of adoption, were full to the signing of the decree of adoption, were full to the signing of the decree of adoption, were full to the signing of the decree of adoption, were full to the significant to the	CERTIFICATION Ting of the relinquishment, includingly explained in detail to and unitable.	with the State Department of Social Services by said per binding with the signing of the decree of adoption GED NATURAL FATHER GED NATURAL FATHER ing the right to withdraw the relinquishment prior inderstood by the parent of this Indian child. The

I hereby certify that this is a true and correct copy of the relinquishment contained in the files of:

AGENCY NAME

(Out of State)				
NAME OF CHILD'S TRIBE				
ROLL NUMBER OR OTHER EVIDENC	E OF TRIBAL AFFILIATION			
On this	day of	, 19, the	e	NAME OF AGENCY
hereby signifies its will	lingness to accept the annexed relinquish	ment and to accept	said child for adopti	
ricios, significants its			JTHORIZED OFFICIAL OF AGENCY	
		SIGNATURE OF AC	THORIZED OFFICIAL OF AGENCY	•
	of			, a minorchild,
born	DATE			
	nd surrender said child for adoption to			STATE
do nereby reimquisii a	nd surrender said critic for adoption to		AGENCY NAME	
AGENCY ADDRESS) A	GENCY TELEPHONE NUMBER
	A STATE OF THE STA	f the State of Califor	rnia to find homes fo	r children and to place children in
an organization license	ed by the Department of Social Services o s fully understood by me/us that when this	s relinguishment is fi	iled with the State De	partment of Social Services by said
agency all my/our rig	hts to the custody services, and earnings	of said minor child	i and any responsibili	th tot file case asia anhboir or said
minor child will be ter	minated and the relinquishment will be	binding with the sig	ning of the decree o	of adoption unless I/we withdraw
said relinquishment be	efore the decree of adoption is signed.			
		SIGNATURE OF PA	ARENT	
DATE				
		SIGNATURE OF PA	ARENT	
		ADDRESS OF PAR	RENT(S)	
Signed in the presence	e of:			
SIGNATURE OF AUTHORIZED AGEN	YCY REPRESENTATIVE			
		- 		
STATE				
COUNTY				
		_		
	CER	TIFICATION		
The terms and ser	nsequences of the voluntary signing of the	relinguishment, incl	uding the right to with	ndraw the relinquishment prior
and the second second second second second	the deered of adoption, were fully explaini	ea in aetall to and u	יים שווו אנו טוטוצושוווו	Cittis indian cine.
explanation was g	riven by the agency representative whose s	ignature is affixed a	bove, in my presence,	, and in a language understood
by the parent(s).				
DATE	SIGNATURE OF JUDGE		NAME OF COURT	OF JURISDICTION
	FOR CALIFORNIA AGENCY US	SE WHEN FORWARDIN	G A COPY TO SDSS	
	I hereby certify that this is a tr.			
	contained in the files of:			
	AGENCY NAME			
	SIGNATURE OF AGENCY OFFICIAL			
	DATE			

LL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIA	TION		
TE NOMBER ON ON ENGLISHED ST TRIBLE AFFILIA			
	<u></u>		
We, the of		***************************************	, a mino
child, born		СІТУ	STATE
hereby relinquish and surrender	said child for adoption to		
nerosy romiquion and derroridor	said clind for adoption to	A	GENCY NAME
	19. Print - 1		
ENCY ADDRESS		`	AGENCY TELEPHONE NUMBER
linquishment before the decree of	adoption is signed.		
NATURE OF PARENT		SIGNATURE OF PARENT	
DRESS			
and the second s	· · · · · · · · · · · · · · · · · · ·		1. Mary and the second
ne foregoing instrument was signe	d on	DATE	by the said
ne foregoing instrument was signe	d on	DATE	,
ne foregoing instrument was signe	d on	DATE SIGNATURE OF WITNESS	by the said _in my presence as witnessed thereto
		SIGNATURE OF WITNESS	_in my presence as witnessed thereto
		SIGNATURE OF WITNESS	_ in my presence as witnessed thereto
	, 19, before me	SIGNATURE OF WITNESS	_ in my presence as witnessed thereto
	, 19, before me	SIGNATURE OF WITNESS	_ in my presence as witnessed thereto
ne foregoing instrument was signe n this day of censed by the Department of Socia	, 19, before me	SIGNATURE OF WITNESS	_ in my presence as witnessed thereto
n this day of censed by the Department of Socia	, 19, before me	signature of witness	in my presence as witnessed thereto
n this day of	, 19, before me	signature of witness	in my presence as witnessed thereto an authorized official of the , an organization and place them in homes for adoption
n this day of censed by the Department of Socia ersonally appeared	, 19, before me	fornia to find homes for children	in my presence as witnessed thereto
n this day of censed by the Department of Socia ersonally appeared nown to me to be the person(s) w	, 19, before me	fornia to find homes for children	in my presence as witnessed thereto
n this day of censed by the Department of Social ersonally appeared nown to me to be the person(s) will executed the same.	, 19, before me	fornia to find homes for children	in my presence as witnessed thereto an authorized official of th, an organizatio and place them in homes for adoption acknowledged to me that he/she/the

explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent(s).

by the parentist.			
DATE	SIGNATURE OF JUDGE	SUPERIOR COURT	

(Out of County)		
NAME OF CHILD'S TRIBE		
ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION		
On this		
On this day of	,19,the	NAME OF AGENCY
hereby signifies its willingness to accept the annexed relinquishments	nent and to accept said child	for adoption.
	SIGNATURE OF AUTHORIZED OFFICE	IAL OF AGENCY
I/We, the parent(s) of		, a minor child
born,		SEX
do hereby relinquish and surrender said minor child for adoption	CITY	STATE
as more by remigration and surrender said finite clinic for adoption	.0	AGENCY NAME
AGENCY ADDRESS	MP	
an organization licensed by the State Department of Social Service		AGENCY TELEPHONE NUMBER
It is fully understood by me/us that when this relinquishment is filed rights to the custody, services, and earnings of said minor child at terminated and the relinquishment will be binding with the signiful before the decree of adoption is signed.	nd any responsibility for the d	care and support of said minor child will b
SIGNATURE OF PARENT	SIGNATURE OF PARENT	
ADDRESS (NUMBER, STREET)	(СПҮ)	(STATE) (ZIP CODE)
The foregoing instrument was signed on		
The loregoing matrument was signed on	DATE	by the said
		in my presence as witnessed thereto
	SIGNATURE OF WITNESS	
On this day of		
On this, 19		
an authorized official of the Department of Social Services or		
	, an organization licer	nsed by the Department of Social Services
of the State of California to find homes for children	and place them in hom	es for adoption, personally appeared known to me to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowled	iged to me that he/she/they	executed the same
	agod to me mat mo emo, me,	choulde the dame.
SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY	COUNTY	Administration (1)
CERTIF	FICATION	
The terms and consequences of the voluntary signing of the reli		
to the signing of the decree of adoption, were fully explained a explanation was given by the agency representative whose sign by the parent(s).		
DATE SIGNATURE OF JUDGE	SUPERIOR CO	URT

NAME OF CHILD'S TRIBE					
OLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION					
at a factor of				, a minor	child
, the father of	New York Control of the Control of t				SEX
DOFNDATE		CITY		STATE	~ <u></u>
do hereby relinquish and surrender said child	d for adoption to		AGENCY NAME		
			(}	
AGENCY ADDRESS an organization licensed by the Department (TELEPHONE NUMBER	
adoption solely for the purpose of promoting	the wellare and best	SIGNATURE OF FATHER ADDRESS OF FATHER	intuiting Sala Cr	·	
The foregoing instrument was signed on				esence as witne	by the
5010		SIGNATURE OF WITNESS			
On this day of	,	19, before me,			
	, an auth	orized official of the		*****	www.
11-11-11-11-11-11-11-11-11-11-11-11-11-		, an organization lice	ensed by the De	epartment of Sc	cial Services
of the State of California to find ho	mes for children a	nd place children in ho	mes for adop	ption, personal	ily appeared
known to me to be the person whose name	is subscribed to the v	vithin instrument and ackno	wledged to me	e that he execut	ed the same.
SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY	TITLE		COUNTY	1	
		EICATION			
	CERTI	FICATION			
The terms and consequences of the volur	ntary signing of the reli	inquishment, including the rig	ght to withdraw	the relinquishm	nent prior Shild. The

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.

~ / * / =. +		
DATE	SIGNATURE OF JUDGE	SUPERIOR COURT
W111C		

(Out	of State)					
NAME O	F CHILD'S TRIBE	-				
ROLL NU	IMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION					
On th	isday of	, 19, the		NAME OF AGENC	<u>Y</u>	
	y signifies its willingness to accept the					
			DICALATHIRE OF AUTHOR	ORIZED OFFICIAL OF AGENCY		
			SIGNATURE OF ACTIVITY	SAIZED OFFICIAL OF AGENCY		
l, the	father of				, a minor	child,
born_	DATE		πγ		STATE	do hereby
relinq	uish and surrender said child for adopt			AGENCY NAME		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()	
	ADDRESS ganization licensed by the Department				ENCY TELEPHONE NUMBER	
adopt	e the decree of adoption is signed. I decion solely for the purpose of promoting	the welfare and best in	terests of said chi	ld by facilitating said	d child's placemen	it for adoption.
			ADDRESS OF PARENT			
Signe	ed in the presence of:					
	URE OF AUTHORIZED AGENCY REPRESENTATIVE					
STATE						
COUNTY	,					
		-				
		CERTIF	ICATION			
	The terms and consequences of the volu- to the signing of the deree of adoption explanation was given by the agency rep by the parent.	i were fully explained i	n detail to and un	iderstood by the pai	rent oi triis iriaiai) CHIIU. THE
DATE	SIGNATURE O	FJUDGE		NAME OF COURT OF JURISDI	CTION	

(ALLEGED NATURAL FATHER IN CALIFORNIA) (In or Out of County)

NAME OF CHILD'S TRIBE				
ROLL NUMBER OR OTHER EVIDENC	E OF TRIBAL AFFILIATION			
		· · · · · · · · · · · · · · · · · · ·		
I. Complete Sections I	and II when the agency taking relinquis	shment and the agency a	sccepting relinquishmen	t are NOT the same.
	<u>(</u>	OUT OF COUNTY		
On this	day of, 19	, the	NAME OF	AOCSION
hereby signifies its will	lingness to accept the annexed relin	quishment.	NAME UF	AGENCY
		SIGNATURE O	F AUTHORIZED OFFICIAL OF AGENC	CY
II. Complete only this s	section when the agency taking relinqui	shment and the agency	accepting relinguishmer	nt is the same.

of			,	, a minorchild,
born	£	СПҮ		STATE
do hereby relinquish sa	aid minor child for adoption to			
, ,	,		()
AGENCY ADDRESS				AGENCY TELEPHONE NUMBER
adoption. It is fully undirights to said minor chil	ed by the State Department of Soc erstood by me that when this relinqui Id will be terminated and the relinquis afore the decree of adoption is signed	ishment is filed with the hment will be binding w	e State Department of S	Social Services by said agency, any
SIGNATURE OF ALLEGED NATURAL	FATHER A	DDRESS		A CONTRACTOR OF THE CONTRACTOR
The foregoing instrume	ent was signed on			by the
	ent was signed on		nce as witnessed there	
Salu				
		SIGNATURE O	F WITNESS	
On this	day of	19 h	efore ma	
	of the Department of Social Services			
an authorized official o	·			ensed by the Department of Social
			-	
Services of the State	e of California to find homes fo	r children and place		
		***************************************	known to	me to be the person whose name
is subscribed to the wi	ithin instrument and acknowledged t	to me that he executed	I the same.	
SIGNATURE OF AUTHORIZED OFFICE	IAL, OF AGENCY	COUNTY		
		CERTIFICATION		
to the signing of t	sequences of the voluntary signing of the decree of adoption, were fully ex iven by the agency representative who	xplained in detail to ar	nd understood by the p	parent of this Indian child. The
DATE	SIGNATURE OF JUDGE		SUPERIOR COURT	

(Out of County) NAME OF CHILD'S TRIBE ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION On this______ day of ______, 19____, the ______ hereby signifies its willingness to accept the annexed relinquishment and to accept said child for adoption. SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY I, the father of ______, a minor _____child, ____do hereby relinquish and surrender said child for adoption to the NAME OF AGENCY AGENCY ADDRESS an organization licensed by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, all my rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said child will be terminated and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw said relinquishment before the decree of adoption is signed. I declare that I am not the natural father of said child and am executing the within relinquishment to adoption solely for the purpose of promoting the welfare and best interests of said child by facilitating said child's placement for adoption. ADDRESS OF PARENT The foregoing instrument was signed on ______ in my presence as witnessed thereto. SIGNATURE OF WITNESS On this______ day of _______, 19____, before me, ______ an authorized official of the Department of Social Services or _____ ____, an organization licensed by the Department of Social Services of the State of California to find homes for children and place them in homes for adoption, personally appeared known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same. SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY CERTIFICATION The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent of this Inidan child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent. SUPERIOR COURT

AD 873 (2.82) (To be used when presumed father denies he is the natural father)

SIGNATURE OF JUDGE